(b) The basic obstacles are the infrastructual constraints such as lack of direct banking relations, poor transportation network between the two countries and patchy communi cation facilities. In sufficient trade information between the exporters in both the countries is also a major res training factor.

(c) Trade between India & China is governed by the Trade Agreement of August, 1984. The latest Trade Proto col covering the period from 8th Feb. 1991 to 7th Feb, 1992 was signed on the occasion of the II Meeting of the Ministerial India-China Joint Group on Economic Relations and Trade, Sci ence & Technology held at Beijing in February, 1991. The Trade Protocol identifies the major items of export interest of the two countries.

Programmes to control use of Tobacco

1282. CHOWDHRY HARl SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a seminar was held re cently to plan coordinate and moni tor activities on the control of tobac co use in the country; if so, the main recommendations made therein;

(b) whether these recommenda tions have been examined and whet her any decisions have been taken on them; and

(c) whether Government also pro pose to give a thrust to health edu cation to combat the menace of to bacco use?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) and (b) A National Conference on Tobacco or health was held at All India Institute of Medical Sciences, New Delhi on 27-28 July, 1991. A copy of the recommendations made therein is in the statement given. The recommendations are under examination.

(c) Yes, Sir.

Statement

NATIONAL CONFERENCE ON TOBACCO OR HEALTH (27-28 July 1991, Jawaharlal Auditorium, All India Institute of Medical Scinces, New Delhi)

ORGANISED BY

MINISTRY OF HEALTH AND FAMILY WELFARE, GOVT. OF INDIA IN COLLABORATION WITH WORLD HEALTH ORGANISATION

RECOMMENDATIONS

Recognizing tobacco as a major public health hazard;

Noting that the consumption of tobacco is not compatible with the goal of "Health For All" to which we are all committed;

Confirming that the goal of a tobacco free society is not negoitable, and

Realizing that an integrated educational, legislative and agro-economic strategy with an operational framework and political, administrative, financial and research support, is needed to protect other people from the tobacco menace and move in the direction of a tobacco free society;

The National Conference on "Tobacco or Health" makes the following recommendations:

1. A National Tobacco Control Commission (NTCC) should be established to plan, coordinate and monitor tobacco control activities. NTCC must have sufficient executive authority, financial resources and an administrative and policy frameworK based on net-working with Planning Commission, concerned Ministries and Non-Governmental Organisations. NTCC's annual report should be laid before the Parliament.

2. Laws should be enacted to enforce the following measures:

(a) prohibition of smoking in certain public places according to

Cabinet Secretariat O.M No 2711! 3/90 dated 7 May, 1990. '

(b) ban on consumption of tobacco and tobacco products in other public offices, transport facilities, restaurants, worksites in factories, hotel lobbies, sports areas, closed areas of tourist interest such as museums, libraries etc. keeping segregated area for smoking and safeguarding the rights of non-smokers and children to breathe air free from tobacco smoke;

(c) ban on sale of tobacco and tobacco products to minors; in or near educational and health institutions and on at least one day a week;

(d) ban on all kinds of direct and indirect advertising and sales promotion of tobacco and tobacco products;

(e) statutory warnings on all packages of tobacco and tobacco products and prescription of appro priate forms, sizes and languages to make these prominent and effec tive;

(f) printing of nicotine and tar content on all packages of tobacco products, their progressive reduction and establishment of a national laboratory for licensing, testing and monitoring;

(g) compulsory licensing of all tobacco products;

(h) compulsory compensatory afforestation by tobacco producers and tobacco industry to make up for tobacco curing related deforestation, and prohibition on use of wood for making paper for rolling cigarettes and packing tobacco products;

(i) graded penalities for violations of tobacco control legislation and enabling provisions for nongovernmental organisations and legal activists for enforcement of law like entering upon premises of to-bacco growers and manufacturers to find out violations and launching public interest litigation against offenders in Courts;

(j) ban on use of tobacco in toothpaste and toothpowder;

(k) censoring of all advertisements showing persons smoking or consuming any tobacco product in a favourable light.

3. Preference should be given to non-smokers in certain jobs like tea-cners, health workers and members of military, para-military and police forces.

4. An Expert Committee on tobacco economics should be appointed to make a comparative study of tax revenue, fforeign exchange earnings^ employment and consumer expenditure on the none hand and expensive tertiary level medical care facilities (*) for treatment of tobacco related diseases, losses due to fire hazard, ecological damage due to deforestation and disposal of tobacco related waste on the other.

5. The following economic and agro-industrial restructuring measures should be taken:

(a) higher life insurance premium from consumers of tobacco and to bacco products;

(b) ban on further expansion of tobacco cultivation, manufactured tobacco products and on introduction of new tobacco products;

(c) ban on subsidies and restrictions on credit, for tobacco cultivation and processing;

(d) monetary help to fanners for changing over from tobacco cultivation to alternative crops;

(e) withdrawal of government holdings in tobacco industry;

(*)Involving even imported equip ment.

(f) progressive increase in taxes on all tobacco products to the highest level and use of tax revenues for tobacco control for health education, research, rehabilitation and other tobacco control activities;

(g) rehabilitation of workers employed in tobacco industry;

(h) appointment of a committee to explore solutions to the problem of rehabilitation of workers engaged in bidi manufacturing;

(i) guarding against large-scale foreign infiltration into tobacco industry;

(i) making up for the loss of excise revenues, resulting from decline in consumption of tobacco and tobacco products, through revenues from additional disposable incomes of consumers without the burden of additional costs of treatment of tobacco-related diseases.

6. Maximum thrust should be given to health education to combat the menace of tobacco and enable the people to make conscious choices, with full information relevant to their health to give up consumption of tobacco in any form.

The following measures are suggested for health education:

(a) establishment of a coordinating committee for health education, consisting of the representatives from government, educationists, media and voluntary organisations;

(b) development of an appropriate wide spectrum of strategies for use of media; appropriate message for different target groups, dissemination of both addictive and harmful effects of tobacco use and alternative harmless methods of relaxation like yoga and mediation, propagation of tobacco free and healthy life styles; effective use of all media — electronic, folk media, street plays, theatre groups etc; enlisting the cooperation of political, social and religious leaders and other opinion leaders; use of available fora like primary health centres linked to medical colleges, educational institutions, voluntary organisations, especially those working for children, youth and women; development of effective health education materials for both inter-personal and mass communication through participative workships, KAP studies and evaluation of health workers; utilisation of the services of influential activists with strong ethical and intellectual appeal by sending them to villages to speak to the masses of rural people about the ill effects of tobacco use; major emphasis on education of children and youth to protect them from tobacco use; inclusion of information on ill effects of tobacco in the curricula of school children, teacher training courses, community medicine and adult education.

(c) Countering tobacco advertising and sales promotion, until these are legally banned, through health education and other supportive measures like prohibition of sponsorship of sports and other cultural events by tobacco industry, issue of anti-tobacco coins and postal stamps, awards for anti-tobacco activities by organising contests, encouraging responsible parenthood to inculcate healthy habits in children, declaration of a "No Tobacco Day" (11th October is suggested).

7. Non-governmental- organisations (NGO's) particularly those working for children, youth and women have to play an important role in tobacco control programme particularly in health education and enforcement of tobacco control legislation Steps should be taken for their activ involvement in tobacco control programmes .

r

(a) preparation of directory o* NGO's which are working or willing to work for tobacco control;

(b) representation of NGO's on tobacco control committees from the national to the district level;

(c) flexible funding of NGO's for tobacco control activities;

(d) association of grass-root level NGO's (e.g. mahila mandals and youth clubs) in tobacco control activities at village level;

(e) formation of coordinating groups by NGO's among themselves and their inter-action with tobacco control committees at various levels;

8. Though no further research is needed to start tobacco control activities, yet it is necessary to undertake further research and studies to strengthen such activities. ICMB should collaborate with the proposed NTCC in this work. The main use of research findings is to provide scientifically valid information to political leaders and other decision-makers, health education workers and the masses of people. The following research priorities are recommended:

(a) preparation of a state-of-art document on "Tobacco or Health";

(b) evaluation of all tobacco control activities;

(c) maintenance of a topic bank of research priorities for use by research organisations. University departments, Colleges of medicine, agriculture, - sociology, economics and public administration for postgraduate, doctoral and post-doctoral research;

(d) research in the area of health education by NGO's Women's Welfare Organisations, religious organisations, etc.;

(e) research on behavioral as pects of initiation and quitting of tobacco habit and the effectiveness of health promoting behaviour like yoga, sports, meditation etc.

(f) research on location specific alternative crops for tobacco and tendu leaves by agricultural uni versities;

(g) surveys and studies on gro wing manpower needs to assess and identify the alternative employment avenues for workers engaged in tobacco industry;

(h) study on factors determining or controlling demand for tobacco and tobacco products;

(i) study of the effects of public policies on tobacco consumption;

(j) baseline and periodic studies to determine the trends of tobacco use;

(k) studies to quantify the morbidity and mortality trends of tobacco related diseases;

(1) a control case study by ICMR on in voluntary smoking;

(m) study on the effects of tobacco on reproductive health;

(n) research on pharmacological and non-pharmacological approaches to cessation of tobacco habit by scientific study of drugs suggested in biochemie, homoeopathic and other systems of medicines.

9. A National Tobacco Control Action Plan, on the recommendations of this conference Should foe prepared for implementation in phases. Similarly, plans for tobacco control activities should be prepared at the State and the District levels. Certain administrative measures are needed to implement these plans: formation of tobacco control committees at National, State and District level, including representatives of government and NGO's; collaboration between the Planning Commission and the concerned ministries; formation of tobacco control cells in concerned ministries and departments at the National and State levels. The District level committee should be formed under the chairmanship of the District Collector to prepare the District plan with details of activities to be carried out by NGO's and government offices and enlistment of the co-operation of opinion leaders.

10. A white paper on government policy on tobacco should be prepared and laid before Parliament.

(Note: The representatives of to-bacco industry have voiced their reservations against these recommendations exoept those relating to education of the public. Other participants have urged that the recommendations of the conference should form the bask for a National Tobacco Control Action Plan to be implemented in phases and that the tobacco industry should diversify itself and actively help in freeing the society from the tobacco menace).

Deaths in Delhi due to Consumption of poisonous meat

1283. SHRI HARVENDRA SINGH HANSPAL: WiU the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Department of Prevention of Food Adulteration, Delhi Administration, Delhi is aware of the News-item "Zahreela Bhojan se Do Mare" which appeared in *Jansatta* dated 20th June, 1991 wherein it was reported that two persons died after consuming poisonous meat; and

(b) if so, the action taken in the matter by the Delhi Administration?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) and (b) Yes, Sir. Delhi Administration have submitted the matter to the Forensic Science Laboratory for a report.

Principal of Nehru Homoeopathic Medical College

1284. SHRI CHATURANAN MISHRA; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the essential qualifications required for the post of the Principal of Nehru Homoeopathic Medical College and Hospital, Delhi Administration, Delhi; and

(b) what were the qualifications of the incumbents who have held the post since Delhi Administration took over the college and whether any of the incumbants was given relaxation in essential qualifications or prescribed age?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) (i) Degree in Homoeopathy from a recognised University or at least four years' Diploma in Homoeopathy *from* a recognised Homoeopathic Faculty or Board or equivalent, (ii) At least 10 years' teaching and administrative experience in a recognised teaching Homoeopathic institution of repute.

(b) Two persons have been appointed since the college was taken over by the Delhi Administration. Their qualifications are given below: (i) *Dr. D. P. Rastogi*

Educational qualification and Eac-.. perience

a. D.M.S. Horn. (Gold Medalist) (State Faculty, West Bengal)

b. M.B.S. Horn. (Hons) (Coun cil of Homoeopathy, West Bengal)

c. D.F. Horn. (London) (Faculty of Horn. London)

d. Horn. Physician, Govt of Rajasthan from 20.5.63 to 20.7.68

e. Horn Physician C.G.H.S. from 22.7.68 to 28.2.72

f. Sr. Research Officer/AsBtt. Adviser Horn., Ministry of Health from 1.3.72 to 24.4.75.

(ii) *Dr. V. K. Gupta*

Educational Qualification and Experience

a. G.H.M.S. (Hons), 5 years Degree from Kanpur University.

b. 14 years teaching and admi nistrative experience in Nehru Homoeopathic Medical College and Hospital.

The above officers were not given any relaxation in essential qualifications or age while being appointed to the post.